

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90289 002 *****8.75
06-14-2004 90289 001 *****61.25

DOCUMENT # N98000000205

1. Entity Name
ISLANDERS CRICKET CLUB OF MIAMI, INC.



Principal Place of Business
**16186 NW 27TH AVE
MIAMI, FL 33023**

Mailing Address
**PO BOX 69-3811
MIAMI, FL 33269**

66428088



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0737833

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHEATLEY, ERNEST
1930 NW 135TH ST
MIAMI, FL 33167**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DALEY, GARTH	
STREET ADDRESS	3770 SW 48TH AVE #103	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	WHEATLEY, ERNEST	
STREET ADDRESS	1930 NW 135 ST	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, STANLEY	
STREET ADDRESS	6710 SW 26 CT	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, GARRETT	
STREET ADDRESS	18932 NW 27TH AVE APT 213	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saunders, Leon	
STREET ADDRESS	2002 SW 90th Way	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheatley, Ernest	
STREET ADDRESS	1930 NW 135 Street	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Alvin	
STREET ADDRESS	7833 Orleans Street	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fraser, Marcella	
STREET ADDRESS	8636 N. Lexington Drive	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leon Saunders **LEON SAUNDERS** 06-11-04 (954) 432-4303